DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: PARK HAVEN (490067)

Address: 151 N PARK AVE, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 03/28/1996

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History	V	tor	ist	H	vev	Sur	
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Survey ID: 0095270 End Date: 07/21/2005 Type: OTHER Purpose: OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093697 End Date: 11/23/2004 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093368 End Date: 09/20/2004 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007024

Compliance
iencies Cited Subject Area Verified

Deficiencies Cited
88.05(2)(a)Subject AreaVerified
11/23/2004Corrected
Yes